

# Douglas County Oracle Self-Service Open Enrollment Instructions – 2015 Benefits Enrollment

This document is intended as a quick reference guide to assist with your online benefits enrollment. **Before you start, you will need the birthdate & Social Security number information for any covered dependents.**

**Step 1:** Access Oracle Self-Service – From within the county network, use the following link:

[https://doteb.mycmsc.com/OA\\_HTML/AppsLocalLogin.jsp](https://doteb.mycmsc.com/OA_HTML/AppsLocalLogin.jsp) If you are accessing from a network outside the county (such as from home), please use the following link: <https://dotex.mycmsc.com>

**Step 2:** Enter User Name and Password *Note: Please use your user name and password given by DOT.Comm. If you do not have or do not remember your login, please click LOGIN ASSISTANCE to assist with access. If that is unsuccessful, please contact DOT.Comm at 402-444-3663 or via email at: [servicedesk@dotcomm.org](mailto:servicedesk@dotcomm.org) for help with your user name and password.*

**Step 3:** Click on **Employee/Retiree Self Service** and select the **Personal Information** tab.

The screenshot shows the Oracle E-Business Suite interface. At the top, there is a navigation bar with "ORACLE E-Business Suite" on the left and "Diagnostics Logout Preferences Help" on the right. Below this, the user is logged in as "MDEMO". The main content area is divided into a "Navigator" and "Favorites" section. The "Navigator" section shows a tree view with "Employee Self Service (Arrears)" expanded, and "Personal Information" selected. A blue arrow points to the "Personal Information" link. The "Favorites" section shows a message: "You have not selected any favorites. Please use the 'Edit Favorites' button to set up your favorites." At the bottom of the page, there is a footer with "Copyright (c) 2006, Oracle. All rights reserved." and "About this Page" on the left, and "Diagnostics Logout Preferences Help" and "Privacy Statement" on the right.

Scroll down to check your listed dependents and beneficiaries. It is very important that this information be correct and up to date since this list will be used in the enrollment process to select beneficiaries/contacts and/or dependents for coverage. You may update the information as needed by choosing update to edit information, remove, or add a new emergency contact/dependent/beneficiary.

## Emergency Contacts

Enter or update information about people you want human resources to contact in the event of an emergency. You can designate more than one person as an Emergency Contact, but only one Primary Contact.

Select	Name	Relationship	Contact	Primary	Home Number	Work Number	Mobile Pager
<input checked="" type="radio"/>	Smith, Joe	Spouse	No		402-123-4567		

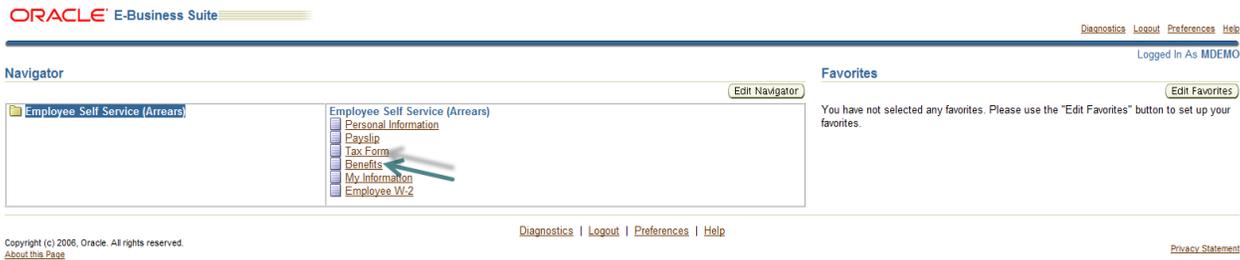
## Dependents And Beneficiaries

Add or update information about your beneficiaries or dependents.

Note: People you enter here become dependents or beneficiaries only after you complete Benefits Enrollment.

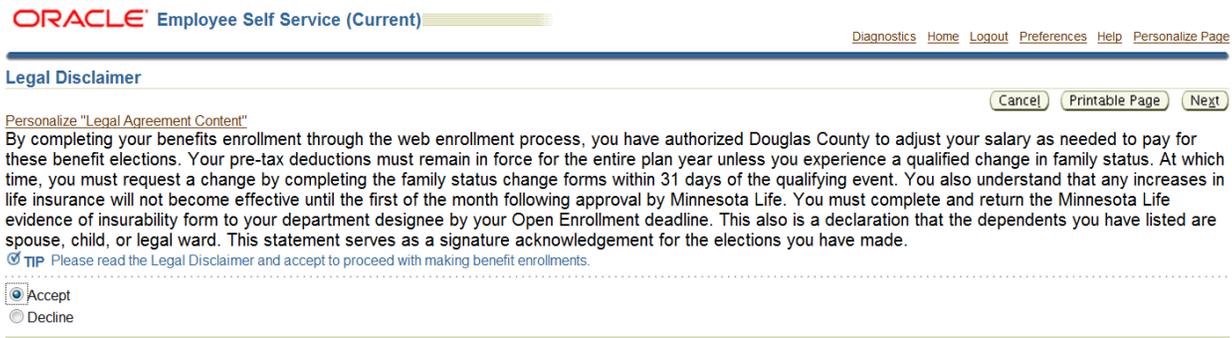
Select	Dependent And Beneficiary	Relationship
<input checked="" type="radio"/>	Smith, Joe	Spouse
<input type="radio"/>	Smith, Susie	Child
<input type="radio"/>	Jeans, Green	Trustee

**Step 4:** When the information is correct, select **Home** (at the upper right or bottom of the screen) or the **Back** to return to the main options. Now choose **Benefits** to begin the enrollment process.



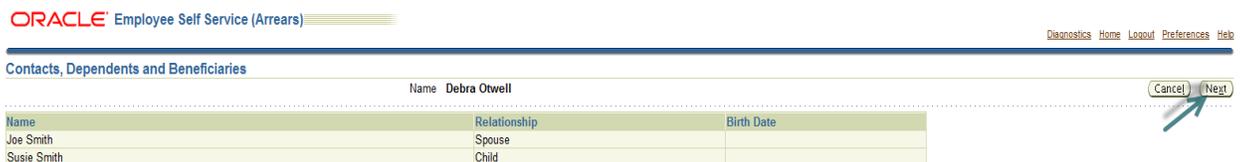
### Step 5: Legal Disclaimer

This page contains the legal acknowledgement for your elections and to verify that all dependents you claim are your legal dependents. These elections remain in place during the plan year unless you have a qualified family status change. You must select the **Accept** button to continue. Then click **Next**.



### Step 6: Verify Contacts, Dependents, and Beneficiaries

If this information is correct, select **Next** to continue. If not, please repeat Step 3 above. Note that some of the contacts listed may not be active. The list under your personal information tab will show the active list.



You will then be taken to the **Benefits Enrollment** tab which summarizes your benefits options. If you participate in the flexible spending account, your balance will show zero because you will need to re-elect the amount(s) for 2014. If you do not select new contribution amounts for 2014 medical, dependent care, and/or parking, you will not be enrolled in the FSA for 2014.

Note: If you select the **Current Benefits** tab next to the benefits enrollment tab, you can see the coverage options you have currently and also look back any history of elections. This is a reference tab only. You will need to return to the Benefits Enrollment tab and select the "Update Benefits" tab to make your 2014 elections.

**Step 7:** From the benefits enrollment tab, select **Update Benefits Tab** to make your elections for Medical, Dental, Flexible Spending and Life plans.

Benefit Enrollments

Name Mary Demo

Program County Active Benefits Program

Update Benefits

Benefit Selections

Basic/AD&D/LTD/Pension are required enrollments for eligible employees and cannot be changed or waived.

Plan	Option	Coverage	Start Date	Coverage Employee	Pay Period Cost	Employer Pay Period Cost	Pension Employee %	Pension Employer %
Medical - Medical Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012			104.32	591.12	0.00	0.00
Dental - Dental Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012			6.03	24.09	0.00	0.00
Life Basic - Basic Life - Arrears Payroll		16-Dec-2012		15,000.00	0.00	2.25	0.00	0.00
Life AD& D - Life AD&D - Arrears Payroll		16-Dec-2012		15,000.00	0.00	0.38	0.00	0.00
Life Optional - Optional Life	Elect	16-Dec-2012		50,000.00	2.50	0.00	0.00	0.00
Life Dependent - Dependent Life	Elect	16-Dec-2012			1.11	0.00	0.00	0.00
Pension - Pension Plan - Arrears Payroll	Elect	17-Sep-2012			0.00	0.00	8.50	8.50
<b>Total</b>					<b>113.96</b>	<b>617.84</b>	<b>8.50</b>	<b>8.50</b>

Once you select Update Benefits, you will see the following links to assist as needed through the enrollment process.

Below you will see each section of the benefits options on the enrollment form. Your current selections are indicated by a check in the box. If retaining the same coverage as selected, you do not need to do anything for that section. If you wish to change selections, you simply need to select the box next to the desired selection. **Choose EE for employee only coverage, EE+1 for employee plus one dependent, and EE+2 or more for Family coverage.**

The first plan listed is the Medical PPO plan. You can choose this plan or the Medical Health Savings Account (HSA). The **Cost** listed is the per pay period cost to you. The "option" (coverage tier – either employee, employee plus one dependent, or employee plus two or more dependents) must be the same for the Medical and Dental plan. (Premiums listed on the screen shots do not reflect actual rates).

Medical

Plan	Option	Select	Cost
Medical Plan - Arrears Payroll	EE	<input type="checkbox"/>	19.69
	EE+1	<input type="checkbox"/>	77.40
	EE+ Two or More	<input checked="" type="checkbox"/>	104.32

Note: The option in medical and dental must be the same

Dental

Plan	Option	Select	Cost
Dental Plan - Arrears Payroll	EE	<input type="checkbox"/>	1.75
	EE+1	<input type="checkbox"/>	6.03
	EE+ Two or More	<input checked="" type="checkbox"/>	6.03
Waive Medical and Dental Coverage		<input type="checkbox"/>	

If you wish to make a change in your coverage, check the applicable box

HSA Medical

Plan	Option	Select
HSA Medical - Arrears Payroll	EE	<input type="checkbox"/>
	EE+1	<input type="checkbox"/>
	EE+ Two or More	<input type="checkbox"/>

You can enroll for the Health Savings Account (HSA) Medical here. Your coverage level must match that of your dental choice.

HSA Deduction

Plan	Select	Coverage
HSA Deductible Single Employee Contribution - Arrears Payroll	<input type="checkbox"/>	Deferral Limit: \$3250 for Single → 0.00
HSA Deductible Family Employee Contribution - Arrears Payroll	<input type="checkbox"/>	Deferral Limit: \$6450 for Family (EE+1 or EE+2/more) → 0.00
HSA Deductible Single Employer Contribution - Arrears Payroll	<input type="checkbox"/>	
HSA Deductible Family Employer Contribution - Arrears Payroll	<input type="checkbox"/>	

Select Single (EE) or Family (EE+1 or EE+2/more) and determine the annual amount of your payroll deferral in the coverage section.

Select Single (EE) or Family (EE+1 or EE+2/more). The County will contribute an annual amount of \$1,000 for Single and \$2,000 for Family.

Deferral Limit: \$6450 for Family (EE+1 or EE+2/more)

Please note that the HSA limits are changing for 2015. The IRS will allow the following HSA Limits for 2015 (this amount includes the County's contribution and the employee's contribution to their HSA account)

Type of Coverage	2015 Limit
Family Coverage	\$6,650.00
Individual Coverage	\$3,350.00
Catch-up for those 55+	\$1,000.00

Basic vision coverage with eye exam discounts, etc. is included with UHC medical coverage. If you wish to have the materials vision coverage (with discounts for eye glasses, contacts, etc.), you can choose the supplemental vision plan at the same coverage as your medical/dental coverage. The **monthly** cost for EE coverage is \$5.31; EE+1 is \$8.59, and the EE+ 2 or more is \$13.23.

Vision

Plan	Option	Select
Vision Plan - Arrears Payroll	EE	<input type="checkbox"/>
	EE+1	<input checked="" type="checkbox"/>
	EE+ Two or More	<input type="checkbox"/>

Select here for materials vision coverage if you wish. The coverage level needs to be the same as what you chose for medical/dental.

The Flexible Spending Account is next. If you choose to enroll in the **Medical Spending Account**, please click the check box opposite the Medical Spending Account to select, otherwise, the default is to decline. If you want to participate, you must select your deferral amount each plan year. You will select the **annual** amount you choose to set aside for this account. The maximum amount you can defer for this plan is \$2500.

If you choose to enroll in the **Dependent Care Spending Account**, please click the check box, otherwise, the default is to decline. If you want to participate, you must select your **annual** deferral amount each plan year. *Participation in the dependent care spending account does not carry over from the previous year.* The maximum amount you can defer for this plan is \$5000. Once you have completed this process, you may click the **Next** Button.

If you choose to enroll in the flexible spending for **Parking**, you will also need to determine your amount for 2015. The amount does not roll over from one year to the next so you must choose how much to defer **annually**. The limit is \$2200. Please remember that anything you do not use for 2015, you will lose, so only choose the actual amount you will spend for parking.

FSA Medical

Plan	Select	Coverage
FSA Medical - Arrears Payroll	<input checked="" type="checkbox"/>	2500.00 <input type="text"/>

FSA Dependent Care

Plan	Select	Coverage
FSA Dependent Care - Arrears Payroll	<input checked="" type="checkbox"/>	5000.00 <input type="text"/>

FSA Parking

Plan	Select	Coverage
FSA Parking - Arrears Payroll	<input checked="" type="checkbox"/>	720.00 <input type="text"/>

In the coverage area, enter the annual amount you want deducted. FSA Medical has an annual limit of \$2500; Dependent Care has an annual limit of \$5,000.

You can choose an annual parking lot deferral amount here.

Basic Life and Accidental Death and Dismemberment insurance are an automatic enrollment and the premium is paid for by the County. You do not need to do anything with these selections. If you are enrolled in Optional Life, you will have the level of coverage and type of coverage listed shown. If you would like to enroll in or increase coverage levels for Optional Life for yourself, for your spouse, and/or for your children, you will need to complete a life insurance/health application form from Minnesota Life. The link to this form is on Open Enrollment section of the Human Resources Department website on the County website. Click on the link and you will be able to print a .pdf of the form to complete. If you wish to decrease your coverage, please contact the benefits department. **Your coverage request is contingent upon the health application being approved.** The coverage will begin the first day of the month after you are approved and you will be charged the premiums for the coverage with the next available payroll. The cost is a **monthly premium** cost.

Next is the Pension deduction which is mandatory, so there is no need to do anything. Also, if you have Long Term Disability (if you have been contributing to the pension for at least 5 years), you will see that coverage listed as well. There is also no need to do anything with this selection.

When you have made/kept all of your selections, please click **Next** to Continue. Please note that there is also an option to Add Dependents/Beneficiaries. Doing this at this step rather than in Step 3 will discard the elections you have made, so after updating, you will need to redo the benefits enrollment process.

**Step 8:** You will receive an option to view the coverages you have chosen. If you need to change something, just hit **Back** and reselect. If it looks correct, select

**Update Benefits: Update Enrollments Additional Data**

Name **Mary Demo** Program **County Active Benefits Program** Back Next

\* Indicates required field  
Please fill in the additional information for the benefits you have selected. If the benefits do not require any additional information, press Next.

**Medical : Medical Plan - Arrears Payroll EE+ Two or More**

**Dental : Dental Plan - Arrears Payroll EE+ Two or More**

**Life Basic : Basic Life - Arrears Payroll**

**Life AD&D : Life AD&D - Arrears Payroll**

**Life Optional : Optional Life Elect**

**Life Dependent : Dependent Life Elect**

**Pension : Pension Plan - Arrears Payroll Elect**

**Vision : Vision Plan - Arrears Payroll EE**

Back Next

**Next.**

**Step 9: Covered Dependents** Check the boxes next to the dependents you would like to cover.

**Update Benefits: Cover Dependents**

Name **Mary Demo** Program **County Active Benefits Program** Back Next

**Dependent Selection**

TIP Missing Persons may not be family members or are ineligible.

**Medical : Medical Plan - Arrears Payroll EE+ Two or More**

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Mark Demo	Spouse	508-46-2564	Yes		<input checked="" type="checkbox"/>
Timmy Demo	Child		Yes		<input checked="" type="checkbox"/>

**Dental : Dental Plan - Arrears Payroll EE+ Two or More**

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Mark Demo	Spouse	508-46-2564	Yes		<input checked="" type="checkbox"/>
Timmy Demo	Child		Yes		<input checked="" type="checkbox"/>

**Add Dependents**

The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and restart the enrollment process. Add Dependents

Back Next

Select all dependents you want to cover for medical and dental. Note: All dependents selected must be your legal dependent and meet the age requirements.

### Step 10: Update Beneficiaries

All your contacts from the Names and Relationships page will be displayed as possible beneficiaries. If the information is correct already, select **Next** to proceed. As a reminder, primary beneficiaries will receive any applicable payment. You may choose one or more as long as the total percentage equals 100%. The contingent beneficiary only receives payment if the primary beneficiary is deceased and unable to receive the payment. Enter the percentage you would like to assign to each person. Click **Recalculate** to verify your totals and make sure they equal 100% for each type of beneficiary. Click **Next** when finished.

Note: The Add Beneficiaries button should only be used if you did not correctly include additional persons during *Step 4*. **IMPORTANT: Using this button will cancel your enrollment process for this program and return you to Step 4 to begin the process again.**

**Beneficiary Selection**

Life Basic : Basic Life - Arrears Payroll

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Mark Demo	Spouse	508-46-2564	100	0	
Mary Demo	Self	999-99-7777	0	0	
Timmy Demo	Child		0	100	

Organizations

Organization Name	Primary %	Contingent %	Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Another Row

Recalculate	
Primary %	Contingent %
100	100

TIP Total Percentages for the plan must equal 100

Make sure both the Primary and Contingent Beneficiary selections total 100% for each coverage (basic life, optional life, pension, etc).

Life AD&D : Life AD&D - Arrears Payroll

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Mark Demo	Spouse	508-46-2564	50	0	
Mary Demo	Self	999-99-7777	0	0	
Timmy Demo	Child		50	100	

Organizations

Organization Name	Primary %	Contingent %	Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Another Row

**Step 11: Confirmation Statement**

You will then see a confirmation of your selections. This page will alert you to any warning if information is missing. Refer to any additional instructions or information on the screen. At this point, your elections have been saved to go into effect January 1, 2014. You can choose to print this form by selecting **Printable Page** or you can click the **Confirmation Statement** button to view the summary in a letter for your records.

Confirmation

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

Note options to go back and make changes, print this page, or view/print confirmation letter.

Confirmation Statement



**Confirmation**

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

**Confirmation Statement**

Name **Mary Demo**

Program **County Active Benefits Program**

[Back](#) [Printable Page](#) [Confirmation Statement](#) [Finish](#)

**TIP** Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

**Benefit Selections**

Plan	Option	Coverage Start Date	Coverage	Employee Monthly Cost	Employer Monthly Cost	Pension Employee %	Pension Employer %
Medical - Medical Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012		104.32	591.12	0.00	0.00
Dental - Dental Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012		6.03	24.09	0.00	0.00
Life Basic - Basic Life - Arrears Payroll		16-Dec-2012	15,000.00	0.00	2.25	0.00	0.00
Life AD&D - Life AD&D - Arrears Payroll		16-Dec-2012	15,000.00	0.00	0.38	0.00	0.00
Life Optional - Optional Life	Elect	16-Dec-2012	50,000.00	2.50	0.00	0.00	0.00
Life Dependent - Dependent Life	Elect	16-Dec-2012		1.11	0.00	0.00	0.00
Pension - Pension Plan - Arrears Payroll	Elect	17-Sep-2012		0.00	0.00	8.50	8.50
Vision - Vision Plan - Arrears Payroll	EE	04-Oct-2012		5.31	0.00	0.00	0.00
<b>Total</b>				<b>119.27</b>	<b>617.84</b>	<b>8.50</b>	<b>8.50</b>

**Covered Dependents**

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012	Mark Demo	Spouse	508-46-2564
			Timmy Demo	Child	
Dental - Dental Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012	Mark Demo	Spouse	508-46-2564
			Timmy Demo	Child	

**Beneficiaries**

Plan	Option	Beneficiary	Relationship	Social Security Number	Primary %	Contingent %
Life Basic - Basic Life - Arrears Payroll		Mark Demo	Spouse	508-46-2564	100	0
		Timmy Demo	Child		0	100
Life AD&D - Life AD&D - Arrears Payroll		Mark Demo	Spouse	508-46-2564	50	0
		Timmy Demo	Child		50	0
		Mary Demo	Self	999-99-7777	0	100
Life Optional - Optional Life	Elect	Mark Demo	Spouse	508-46-2564	0	100
		Timmy Demo	Child		100	0
Pension - Pension Plan - Arrears Payroll	Elect	Mark Demo	Spouse	508-46-2564	100	0
		Timmy Demo	Child		0	100

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## Step 12: Finish Enrollment

Click the **Finish** Button to complete the Enrollment Process. You have now returned to the overview page but now your plan changes will be displayed. If they are not, please return to *Step 8* and complete any missing steps.

**To Exit:** Click either *Home* | *Logout*. *Congratulations! Your annual enrollment process is now complete.*